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Approved for use through "1912". U.S. Petent and Tredeseach Office; U.S. DEPARTME U.S. Petent and Tredeseach Office; U.S. DEPARTME Under the Preparent Restriction Act of 1985, no persons are required to respond to a collection of immunistrat review & fellings, a wife				IT OF COMMERCE
PETITION FOR EXTENSI N F TIME UNDER 37 CFR 1.138(a)  Cocket Number (Os 005222.00184				ional)
	In re Application of Brian R. Beams			
	Application Number 09/934,924		Filed August 22, 2	101
	For Creating A Virtual Consultant			
	Art Unit 2157 Examiner Sala		d, Abdullahi Elmi	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and appropriate non-small-entity fee are as follows (check time period desired):				
<u> </u>		- (- (- (- (- (- (- (- (- (- (- (- (- (-	\$	i i
One month (37 CFR 1			 	
= '	Two months (37 CFR 1.17(s)(2))			-
Three months (37 CFR 1.17(a)(3))			\$ <u>980</u> \$	1
<u>=</u> '' '	Four months (37 CFR 1.17(a)(4))			-
Five months (37 CFR 1.17(a)(5))				: . I
Applicant daims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown $\epsilon$ bove is reduced by one-half, and the resulting fee is: \$				
A check in the amount of the fee is enclosed.				
Peyment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Ao ount.				
The Director is hereby authorized to charge any fees which may be required, or credit any a verpayment, to Deposit Account Number 19-0733. I have enclosed a duplicate copy of this sheet.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.7 is enclosed. (Form PTO/SB/98).			1 Statement under 3:	CFR 9.73(b)
☑ attorney or agent of record. Registration No. 44.344				
attorney or agent under 37 CFR 1.34(e).				
Registration number if acting under 37 CFR 1.34(a)				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
December 3, 2004	•	Len		ik
Oate			Signature	
(312) 463-5000			Kenneth F. Smoli	
Telephone Number			Typed or printed r	ame
NOTE: Signatures of all the inventors or essigness of record of the entire interest or their representative(s) are required. Submit mustiple forms if more than one signature is required, see below.				
M Yotal of 1 forms are submitted.  This returned by 37 GFR 1.12	The information is more	lead to estable or ratain	a burnefil by the tyte office	) is to the (and by the

This colocation of Information is required by 37 CFR 1.138(a). The information is required to colocation or retain a benefit by the DATE with 1s to the (end by the USFTO to proceed) an exploration. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.1.1 This Colocation is estimated it take - emission is complete including gathering, preparing, and submitting the completed application from to the USFTO. Time will very depending upon the infinitial rise. Any commence we are sense in the two processing to complete vite form and/or supportions for reducting this burden, should be sent to the Child infibrication rise. Any commence will be amount of the your requirement of the your requirement of Commence, P.O. Box 1450, Alexandria, VA. 22313-1450. DO MOT SEND FEES OR COMPLET ED FORMS TO THIS ADDRESS, SENSE TO: Commence also the Child Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.

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12 PACE 36° RCVD AT 1207004 520:37 PM (Eastern Standard Time) SVR USPTO-EFXRF-114 DHIS:872006 CSID:13124635001 DURATION (mm-ss):03-07
01 FC:1253 980.00 DA